Your Name:		
Address:	<del>-</del>	
Telephone:	_	
Email Address:	_	
Self-Represented	_	
DIST	RICT COURT COUNTY, NEV	/ADA
In the Matter of the Application of:		
	CASE NO	<b>)</b> .:
(Parent's name(s))	DEPT:	
For Change of Name of the Minor Children:		
(First child's name)		
and (Second child's name or "N/A")		
ORDER FOR CHA	NGE OF MINOR	'S NAME
This Order was submitted (⊠ check	one) 🗆 after a hea	ring   without a hearing before
the above-entitled court, and after a review of	of the pleadings and	papers on file and the testimony
given, if any, this Court finds that the pr	roposed name char	age for the above-named minor
child(ren) is in the best interest of the ch	aild(ren), and/or the	at there is clear and compelling
evidence that the substantial welfare of the c		
NOW THEREFORE, IT IS HER	REBY ORDERED	that the name of the first child,
who was born on (first child's date of birth)	)	in (city)
		shall be legally changed from
(clearly print the child's current, full, legal	<u>name</u> ):	
(first)	(middle)	(last)
to: (clearly print the <u>child's new name</u> )		
(first)	(middle)	(last)

The Department of Vital Stati	istics ( $\boxtimes$ <i>check one</i> ) $\square$ shall / $\square$	shall not issue a new birth
certificate for this child reflecting	ng the name change above.	
IT IS FURTHER ORI	<b>DERED</b> that the name of the second	child who was born on (date
	in (city)	
	be legally changed from (clearly p	
<u>legal name</u> ):		•
	(middle)	(last)
to: (clearly print the child's nev	<u>v name</u> )	
(first)	(middle)	(last)
	ng the name change above.  DERED, ADJUDGED AND DECE the State Registrar of Vital Statistics	
DATED this day of	, 20	
	DISTRICT	COURT JUDGE
Respectfully Submitted By:		
(First Parent's signature)	(Second Parent's s	signature)
(First Parent's printed nam	(Second Parent's p	printed name)